



Commission on
Fire Accreditation
International

Annual Compliance Report

8th Edition

**Superstition Fire and Medical District
565 North Idaho Road
Apache Junction, AZ
USA 85119**



**This Report Prepared on February 15, 2015
By
Anna Butel, Planning and Technology Support Administrator
For The Commission on Fire Accreditation International, Inc.**

**This Report Represents The Agency's Status
As It Relates To Its Accreditation Report
Dated March 30, 2014**

Table of Contents

Preface	3
Agency Information	4
Agency/Jurisdiction Description	5
Agency Environmental Changes	6
Changes in Compliance With Legal Requirements in Federal, State and Local Government(s)	7
Changes in Compliance With Adopted Community/Agency Standards	8
Changes in Compliance With Self-Assessment Core Competencies	9
Changes in Compliance with Core Competencies Within the Self-Assessment Process	10
Strategic Recommendations.....	12
Specific Recommendations	13
Other Information.....	14
Exhibit List	15
Verification	16

Preface

The accreditation report submitted to the Commission on Fire Accreditation International, Inc. enabled the commission to award accreditation status to your agency. Part of the requirements to retain accredited agency status is your commitment to keep the commission staff informed of any significant changes or developments in activities, direction, or programming. This is accomplished by the preparation and submission of an annual compliance report.

The accreditation report is the internal control document of the commission that establishes your agency's benchmarks. The annual compliance report is the document used by the Commission to monitor your status as it relates to your standards, procedures and practices as well as the progress made toward completing all strategic and specific recommendations.

Each section must be completed if there is any activity to report. An activity is any rate of change, direction of change, nature of change or amount of change. Appropriate documentation must accompany this report to demonstrate that official action occurred that resulted in a change to the agency's benchmarks or progress/completion of the strategic and specific recommendations. Examples of appropriate documentation are: certified copy of the governing body minutes, CEO written directives, copies of Federal or State Statutes, copies of local ordinances or resolutions, copies of purchase orders, copies of signed contracts, copies of Federal or State administrative rules, copies of Federal or State regulatory agency ordered action or settlement agreement, copies of court ordered action or settlement agreement, copies of local government charters, or copies of voter approved referendum. Copies of any supporting documentation that was used by the agency to effectuate a change should also accompany the compliance report. Examples of supporting documentation are: feasibility studies, ISO grading reports, position papers, legal opinions, recommendation memos, or consultants reports.

The annual compliance report is due 45 days before the anniversary date of your agency's most recent award of accreditation.

Any questions regarding the report, its content or length should be directed to the [CFAI Program Manager](#).

Agency Information

Agency Name:	Superstition Fire and Medical District
Agency Address:	565 North Idaho Road, Apache Junction, AZ 85119
Agency Website:	www.ajfire.org
Agency Head:	Paul Bourgeois
Agency Head E-Mail:	paul.bourgeois@sfmd.az.gov
Agency Head Phone:	480-982-4440
Accreditation Mgr:	Anna Butel
Accred. Mgr. E-Mail:	Planning and Technology Support Administrator
Accred. Mgr. Phone:	480-225-2317
Date of most recent Award of Accreditation:	March 30, 2014
Annual Compliance Report due date:	February 15, 2015
Annual Compliance Report Number (1-4):	1
Current ISO Rating	3
Current Population	60,000

Agency/Jurisdiction Description

The Superstition Fire and Medical District (SFMD) was established in 1955 as a volunteer fire department with one fire station. Governed by an elected fire-member board, the Fire District has grown into a full time department, consisting of 89 public safety and 12 civilian employees.

SFMD serves a 62 square mile area located on the Western side of Pinal County in the state of Arizona. It is primarily a suburban community with light commercial and industrial businesses. Providing both fire and emergency medical services to the citizens of the City of Apache Junction, the unincorporated areas of Gold Canyon, Superstition Foothills, Goldfield Foothills, and Entrada del Oro. This area encompasses a population of 60,000 full time residents; and while warm winters provide a popular tourist destination it substantially increases service demands during these months.

The District's operations are divided into three functions, administrative, emergency services, and technical services. Administrative functions include overall fire district operations, budgetary, and personnel divisions. The emergency services division is divided into fire operations and emergency medical operations, and technical services is responsible for the procurement and maintenance of all fleet and equipment for emergency service operations.

SFMD is staffed from five fire stations throughout the Apache Junction and Gold Canyon areas. The services are comprised of fire suppression, advanced life support (ALS), technical rescue (TRT), and variety of other community services. Additionally, the Administration Office, Fleet Services, Fitness Center, and the Regional Training Center are all located in the City of Apache Junction.

The district functions with an annual budget of just over 20 million dollars. The largest part of the budget "maintenance and operating" (M&O) was developed after reviewing the fire district's Strategic and Operational plans, expenditures from the past year, and the expectations for the upcoming year. The expenditure budget provides support for multi-year programs and district operations expected to strengthen the community's fire, rescue, prevention, and emergency medical response capabilities.

The majority of the district's unassigned M&O funds are allocated to support the labor costs associated with emergency service delivery to the community. The provision of high-quality emergency services is extremely labor intensive. The fire district's operational effectiveness is dependent upon an adequately staffed, well-trained, and mission-ready workforce.

Agency Environmental Changes

The fire district's last site review was completed in January of 2014, and since then, the district has evolved and embraced the changes to the fire service environment. The four most prominent influences have been the addition of the Critical Care Unit (CCU), the submission of the Certificate of Necessity (CoN) application to the State of Arizona, an increase in the tax rate, and the addition of eight new firefighters.

Critical Care Unit

The CCU was placed into service in January 2015 through a medical innovation grant from the Centers for Medicare and Medicaid Services (CMS) in conjunction with Mesa Fire and Medical Department. This grant allows for the provision of an advanced practice provider and a fire captain to respond to low-acuity calls, treat and refer, offer alternative transport destinations, and provide follow-ups for high risk patients discharged from the hospital. The impact of this strategically placed service delivery component is to reduce the number of the transports to the emergency department, increase high quality medical service delivery, and reduce overall healthcare costs.

Certificate of Necessity

For the first time in history, SFMD submitted a CoN application to the Arizona Department of Health Services, Bureau of EMS. A CON is required by the state to operate emergency ambulance services. The procurement of a CON enables SFMD to implement, in conjunction with our current contracted provider (Rural-Metro Corp.), a more strategic and responsive emergency medical transportation system. The newly proposed system will not only add additional emergency resources to the district's uniquely complex response area, but will also drastically decrease response times to high-acuity medical calls.

Increase in Tax Rate

On July 1, 2014 the SFMD Board of Directors voted to increase the tax rate to be set at \$3.19. The allocation of this increase are \$3.05 to operations, and \$0.14 to the capital fund. This increase is significant for adequate seed funding in the areas where the CCU and CoN are concerned.

Additional Budget Impacts Are Listed Below	
<i>Proposition 117</i>	FY15/16 is first year of impact on the District's NAV. Requires property taxes be levied on the lower of Full Cash Value (FCV) or Limited Property Value (LPV). Limits the annual increase in real property values used to determine property taxes to 5% over the prior year's LPV.
<i>SB 1421</i>	Limits the increase in the tax levy for fire districts to be no more than 8% over the prior year's actual levy.
<i>ARS 48-807</i>	Caps the maximum tax levy (rate) at \$3.25.
<i>ARS 42</i>	The assessed values of certain real properties (commercial, agricultural, and vacant land) are being reduced 0.5% each year through FY16/17.

Eight New Firefighters

In January 2015 eight new firefighters joined the SFMD family as they completed their 14 week training academy. These firefighters are a welcome addition to fill position vacancies due to attrition, help manage overtime costs, and fill open positions created with the implementation of the CCU.

Changes in Compliance With Legal Requirements in Federal, State and Local Government(s)

1. Is your agency in compliance with all standards applicable to the agency at its most recent accreditation, or last annual compliance report, whichever is the most recent? Examples of standards are ADA, OSHA, Fair Labor Standards Act., etc.

Yes

Earlier this year, the fire district was required by the Arizona Secretary of State to compile a listing of essential records. The purpose of this listing is to provide essential information in the event of a catastrophic emergency permitting the district to function properly within the first 12 to 24 hours. These documents are housed at the Arizona State Library, Archives and Public Records, Division of the Arizona Secretary of State.

Changes in Compliance With Adopted Community/Agency Standards

1. Is your agency in compliance with all community/agency standards at its most recent accreditation, or last annual compliance report, whichever is the most recent? Examples of community/agency standards are: established response time, minimum staffing, any NFPA standard adopted or used that is not mandated by the Federal or State governments, labor contracts, etc.

Yes

Changes in Compliance With Self-Assessment Core Competencies

1. Is your agency in compliance with all self-assessment core competencies since its most recent accreditation, or last annual compliance report, whichever is the most recent?

Yes

Changes in Compliance with Core Competencies Within the Self-Assessment Process

In Compliance	No Longer In Compliance	Core Competency		
		No.	Partial Description	Change in Performance Measure/Benchmark
YES		1A.1	The agency is legally established.	
YES		1B.3	compliance with legal requirements	
YES		2A.3	analyzes by service area/population density	
YES		2B.1	Each planning zone and population area is analyzed and evaluated	Planning zones outside fire district boundaries with responses are also evaluated
YES		2B.5	travel time objectives for fire response conform to industry best practices	Travel times are captured and evaluated monthly and annually
YES		2B.6	standards of response coverage strategy is established	
YES		2B.8	formal process to assess the balance between fire suppression capabilities and fire risks	
YES		2C.1	Each planning zone and population area is analyzed and evaluated	
YES		2C.5	travel time objectives conform to industry best practices	
YES		2C.6	standards of response coverage strategy is established	
YES		2D.1	agency has a published strategic plan	Operational Plan with Strategic Initiatives is updated annually
YES		3A.1	general organizational goals specific objectives are published	Operational Plan with Strategic Initiatives is updated annually
YES		3B.1	management process identified	Strategic Plan
YES		3C.1	examined and modified at least annually	Operational Plan with Strategic Initiatives is updated annually
YES		4A.2	Policies, guidelines and processes for developing the annual budget	
YES		4B.5	financial audits are conducted annually for the prior fiscal year	Annual Audit Completed December 2014
YES		4C.1	Programs based on anticipated revenues	
YES		5A.1	agency meets its deployment objectives fire suppression emergency incidents	
YES		5A.4	Current standard operating procedures in place	SFMD SOG
YES		5A.5	incident command/management system	
YES		5A.7	appraisal is conducted	Annual Report
YES		5B.1	adopted fire prevention code	
YES		5B.2	compliance with applicable fire protection law	
YES		5B.3	adequate staff with specific expertise to meet program goals	
YES		5B.8	appraisal is conducted	
YES		5C.4	targets specific risks and risk audiences	
YES		5C.5	Current standard operating procedures in place	
YES		5C.7	appraisal is conducted	
YES		5D.1	fire investigation program is authorized	
YES		5D.2	scientific method utilized	
YES		5D.3	adequate staff with specific expertise	
YES		5D.6	current standard operating procedures in place	
YES		5D.8	appraisal is conducted	
YES		5E.1	agency meets its deployment objectives technical rescue emergency incidents	
YES		5E.4	standard operating procedures in place	SFMD SOG 204.11-204.16
YES		5E.7	appraisal is conducted	
YES		5F.1	agency meets its deployment objectives hazardous materials emergency incidents	
YES		5F.4	Current standard operating procedures in place	
YES		5F.7	appraisal is conducted	
YES		5G.1	agency meets its deployment objectives emergency medical incidents	www.ajfire.org – Policies & Directives – EMS SOP's
YES		5G.4	Standard operating procedures or general guidelines, and standing orders/protocols, are in place	

In Compliance	No Longer In Compliance	Core Competency		
		No.	Partial Description	Change in Performance Measure/Benchmark
YES		5G.6	created and maintained for each patient	
YES		5G.7	HIPAA compliance program in place all personnel have been properly trained	
YES		5G.10	appraisal conducted, at least annually	
YES		5H.1	an all-hazards plan appropriate multi-agency organizational structure is identified	
YES		5H.4	current standard operating procedures in place	
YES		5H.5	interoperability with other public safety agencies in the field	
YES		5I.1	agency meets its deployment objectives aviation emergencies	
YES		5I.4	Current standard operating procedures in place	
YES		5I.6	appraisal is conducted	
YES		5J.1	agency meets its deployment objectives marine and shipboard emergency incidents	N/A
YES		5J.4	Current standard operating procedure in place	
YES		5J.6	An appraisal is conducted	
YES		6A.2	involved in the planning for physical facilities	
YES		6B.3	Physical facilities are adequate	
YES		6B.4	Facilities comply	
YES		6C.1	located strategically to accomplish the stated standards of response coverage	Monthly Reports
YES		6D.1	maintenance program is established	
YES		6D.5	Current standard operating procedures in place	
YES		6E.3	maintenance, testing, and inspections are conducted by qualified personnel	
YES		6F.1	Safety equipment is identified and distributed	
YES		7A.1	human resources manager is designated	
YES		7B.3	Processes and screening/qualifying devices used for recruitment and selection are job related and comply with requirements	2014 FF Announcement & Job Description
YES		7B.6	probationary process is used to evaluate new and promoted members	
YES		7C.1	Personnel policies are current and communicated	The 2005 version will be replaced by the 2015 version later this year. AJFD Personnel Policy Manual 4 th Edition – August 2005
YES		7C.2	policy defines and prohibits harassment, bias, and unlawful discrimination	
YES		7D.1	position classification system process by which jobs are audited and modified are in place	
YES		7E.1	Rates of pay and compensation are published	www.ajfire.org – Finance – 14/15 FY Budget pg. 37
YES		7F.5	occupational health and safety training program is established	
YES		7G.1	provides for initial, regular, and rehabilitative medical and physical fitness evaluations	
YES		7G.5	Current policies in place	
YES		8A.1	process in place to identify training needs	
YES		8B.4	evaluation through performance-based measurements	
YES		8C.1	training facilities and apparatus are provided	
YES		8C.7	Training materials are evaluated	
YES		9A.1	establishes minimum fire flow requirements	
YES		9A.2	adequate and reliable fixed or portable water supply	
YES		9B.1	system is in place to ensure communications in the field	
YES		9B.5	Standard operating procedures in place	
YES		9C.1	administrative support services are appropriate for the agency's size, function, complexity, and mission, and are adequately staffed and managed	
YES		10A.1	develops and maintains outside relationships	
YES		10B.1	agreements are current and support organizational objectives	

Strategic Recommendations

Recommendation	ACCEPTED	IMPLEMENTED	REJECTED
It is recommended the district formalize the process of annual appraisals for all of its programs (fire suppression, fire prevention, fire education, TRT, Haz-Mat, and EMS) to better determine their effectiveness and to improve the documentation for future planning and reference.	X All 5 Strategic Recommendations in this list were add to the districts Fiscal Year 2014/15 Operational Plan and assigned to the Administrative Services Chief.		
It is recommended that the district formalize the method used to ensure its personnel policies, procedures, and rules are current.	X		
It is recommended that the district include the minimum fire flow requirements and total water supply needed in their pre-fire planning process.	X		
It is recommended the district obtain the Government Emergency Telecommunications Service (GETS) care to give it cell phone priority during an emergency where high use could saturate the system.	x		
It is recommended that the district monitor, evaluate and document the call transfer times between the Pinal County Sheriff's Office, the Apache Junction Police Department, and the Mesa Regional Dispatch Center to ensure accurate alarm handling time are being captured.	x		

Specific Recommendations

Recommendation	ACCEPTED	IMPLEMENTED	REJECTED
Recommend the district conduct a vulnerability assessment to ensure their assets and critical infrastructure are protected and secured to the fullest extent possible.	X All 3 Specific Recommendations were add to the districts Fiscal Year 2014/15 Operational Plan and assigned to the Administrative Services Chief.		
It is recommended that the district maintain a current list of special knowledge, skills, and abilities of each employee/member that exist beyond those pertaining to fire suppression emergency medical services, technical rescue, and hazardous materials operations.	X		
It is recommended that the district maintain regular contact with the managers of both water systems to ensure it stay informed about all sources of available water for fighting fire, including hydrants and the distribution system.	x		

Other Information

The strategic and specific recommendations as stated above have been evaluated, added to the operational plan, and assigned to the Administrative Services Chief. Several of these recommendations may exceed one year to complete which will roll over into the following year's Operational Plan.

More pressing, the district is preparing for the issuance of a Certificate of Necessity as the AZDHS has decided to "fast track" our application. The administrative and substantive review have been completed. If our hearing is waived the application will be sent on to the Director for approval.

To confront the geographical, seasonal, and economic challenges experienced within the district, the SFMD has partnered with Rural-Metro Corp. to design a new response system allowing SFMD to secure a CON from the state. This new model will enable Rural-Metro to better manage its economies while SFMD gains an opportunity to play a larger role in the treatment and transportation of critical medical patients. Under this new model, Rural-Metro will staff one 24-hour basic life support (BLS) ambulance while SFMD will staff three advanced-life support (ALS) ambulances. The net result is more resources on the streets every day, improved continuity of care, and a more adaptive response system that guarantees patients receive the appropriate level of service in a timely manner.

To implement this plan, the SFMD will be subject to a substantial initial investment for the purchase of 3 new ambulances, medical equipment and supplies, as well as new personnel and training. This endeavor will also require SFMD to establish an entirely new division within the agency, consisting of operations personnel, supervisors, compliance officers, etc. The initial outlay is estimated at \$2.5 million and the system is projected to take 5-7 years to reach cost recovery.

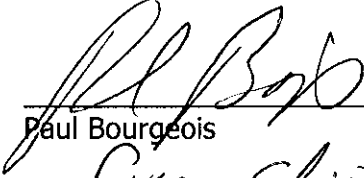
This is only a brief summary of SFMD's potential and the advantages provided to our community. By utilizing this design, SFMD will increase the standard of care, and improve continuity of patient care.

Exhibit List

Exhibit #1:	2B.1 Ren Arizonian & Plat 648
Exhibit #2:	2B.5 2014-2 Monthly Report
Exhibit #3:	2D.1 Operational Plan 2014-15 Inside Pages
Exhibit #4	3A.1 Operational Plan 2014-15 Inside Pages
Exhibit #5	3B.1 Strategic Plan Inside Pages
Exhibit #6	3C.1 Operational Plan 2014-15 Inside Pages
Exhibit #7	4B.5 SFMD 06/30/2014 Financial Statements & Management Letter
Exhibit #8	5A.4 SFMD SOG
Exhibit #9	5A.7 Annual Report 2013
Exhibit #10	6C.1 2014-12 Monthly Report
Exhibit #11	7B.3 Recruit FF JD 2014
Exhibit #12	7C.1 Personnel Policy Manual

Verification

I verify that the information contained in this report is complete and true to the best of my knowledge.



Paul Bourgeois
Fire Chief

Title
2/12/15

Date